



City of Rialto

Volunteer Application

Human Resources
Building Address: 246 S. Willow Avenue
Mailing Address: 150 S. Palm Avenue
Rialto, CA 92376
909-820-2540

Thank you for your interest in the City of Rialto's Volunteer Program. Knowing your skills, interests and availability will help us find the best assignment for you. Please complete this application as completely as possible.

As required by State law and City policy, all volunteers will be required to submit their fingerprints to the City of Rialto and receive clearance by the California State Department of Justice before the first day of the volunteer service.

Name: Last	First	Middle	Home Phone
Street Address, City, State and Zip Code			
E-mail Address	Cell Phone		Work Phone

Driver's License#	Class	Expiration
-------------------	-------	------------

Are there any medical or physical conditions that may require special accommodations? ☐ Yes ☐ No
If yes, please specify: _____

Are you currently working and/or volunteering for the City of Rialto? ☐ Yes ☐ No
If "yes", what Department: _____
Have you worked and/or volunteered for the City of Rialto previously? ☐ Yes ☐ No
If "yes", what Department: _____
Do you have any family members working for the City of Rialto? ☐ Yes ☐ No
If "yes", what Department: _____

Education and Training

High School Graduate or Passed GED? ☐ Yes ☐ No – Currently Attending _____

Name and Location of College, University, Business Correspondence, Trade, or Service School(s)	Major Course of Study	Completed No. Of		Diploma, Certificate, or Degree Received, Number of Hours of Training, Program, or Course(s) Required by Job Announcement	Date Completed
		Semester Units	Quarter Units		

Related Work or Volunteer Experience

Experience: Please describe any relevant work or volunteer experience.

Organization Name	Address	Position Title	Dates of Employment

Volunteer Availability

Please indicated how often you are available to volunteer:

☐ Once a week ☐ Twice a week

☐ Daily ☐ Other

TIME AVAILABLE

	Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
A.M.							
P.M.							

Emergency Contact and Reference Information

Emergency Contact Information

Person(s) to contact in case of Emergency	Relationship	Telephone
1.		
2.		

Personal/Work References

Name	Relationship/Association	Telephone
1.		
2.		
3.		

Conditions

I understand that I am providing volunteer service to the City of Rialto and as such am not entitled to compensation or benefits otherwise offered to employees of the City of Rialto. My services are offered freely, without direct or indirect pressure or coercion from any representative of the City. I understand that time volunteered will not be considered as hours worked under the Fair Labor Standards Act. I understand that upon termination of this volunteer service, I am not eligible for any unemployment insurance compensation.

I certify that all statements made in this Application are true and complete and I authorize investigation of all matters contained. I agree and understand that any misrepresentation or omission of a matter of fact may be justification for rejection of my application. I also authorize the employers, schools and persons named in this application to provide any additional information regarding my qualifications and character.

I understand that the volunteer position is outside of the City's Civil Service System and that I will be an at-will volunteer. I acknowledge that my services may be terminated without cause, at any time, at the will of the City of Rialto in its sole discretion. Further, I understand that I have no expectation of future employment with the City of Rialto.

Volunteer Signature: _____ **Date:** _____

City of Rialto

Volunteer Interest Form – Please select area of interest from the list below:

DEVELOPMENT SERVICES DEPARTMENT

Code Enforcement

FIRE DEPARTMENT

Fire Explorer

Firefighter Reserve

Fire Chaplin

POLICE DEPARTMENT

Citizen Patrol

Police Explorer

Police Chaplin

RECREATION

Special Events:

National Night Out - August

Halloween - October

Holiday Parade - December

Senior Center:

Cleaning/Maintenance

Room Set-ups

Customer Service/Administrative

Sports:

Basketball

T-Ball

Soccer

Administrative

Community Center:

Cleaning/Maintenance

Room Set-ups

Administrative

Racquet & Fitness Center/Pool:

Cleaning/Maintenance

Fitness Training

Customer Service/Administrative

WASTE MANAGEMENT

OTHER AREA OF INTERERST?

Volunteer Name: _____

Volunteer Signature: _____ Date: _____



City of Rialto

AGREEMENT AND RELEASE REGARDING VOLUNTARY SERVICES

I, _____, hereby acknowledge that I have voluntarily applied to participate in performing certain services for the _____ department, City of Rialto. I am voluntarily participating in these activities with the knowledge that there is some risk that I may be injured in the course of performing these services. I have been advised that the City of Rialto policy is to cover volunteers as employees of the City for the purposes of Workers' Compensation Benefits. I also understand that under Workers' Compensation Laws, Workers' Compensation Benefits will be the sole and exclusive remedy in the event I am injured while performing these volunteer activities and services.

With the exception of Workers' Compensation Benefits as described above, I hereby agree that I, my heirs, guardians, legal representatives and assigns will not make a claim against or file an action against the City of Rialto, its officers, employees, or agents for injury or damage resulting from negligence, howsoever caused by any officer, employee, or agent of the City of Rialto as a result of my participation in this volunteer activity or service. In addition, I hereby release and discharge the City of Rialto, its officers, employees, or agents from all actions, claims and demands that I, my heirs, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in these volunteer activities or services.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.

Volunteer Signature: _____ **Date:** _____

Signature of Parent/Guardian if volunteer is a minor: _____

Witness Signature (City Employee): _____